



Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

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City Erie					State	PA		Zip Cod	de	1651	10				
Type of Report (Place x under re	port type)				- 1921								-		
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- Date Of Election (MM/DD/YYYY)	05/16/2016	Year				Amendr Report	nent		J	Terr Rep	mina ort	tion		X	
Summary of Receipts and	From Date		To Date					ā.	For 0	Office	Use	Only			A STATE OF THE STA
Expenditures	05/05/2017		/ <u>/</u>)-2 <u>3</u> #047201	11 <i>]</i> 7	The part of the pa						The second secon			
A. Amount Brought Forward Fr	om Last Report	\$		384									pr. 40		
B. Total Monetary Contribution (From Schedule I)	is and Receipts	\$		0								1104	2011 OCT 27		
C. Total Funds Available		\$				ĺ							CI		
(Sum of Lines A and B) D. Total Expenditures		\$		384									27		
(From Schedule (II) E. Ending Cash Balance		\$										S S			
(Subtract Line D from Line C) F. Value of In-Kind Contribution	Pacelyad	\$		0								공 존	ب		
(From Schedule II)				0									ယ္	1	~
G. Unpaid Debts and Obligation (From Schedule IV)	15	\$ ₹		- Os											
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Part 1- If this is a Committee report I swear (or affirm) that this report. I	, treasurer sign n ncluding the atta	ched sch	s is a Cal	ngraate r n paber	eport, α	best of my	gn nere. knowled	ge and be	lief tr	ue, co	rrect	and compl	ete.		
I swear (or affirm) that this report, i Sworn to and subscribed before me	this	PENKI	y Public County	S April 3			Int.	5)	di						
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Signature	10		of Erie	VANIA	_	 		Printed		e					
My Commission expires 4-3	DAY YR.	- ∛	Tonia I City of	COMMISSI ENNSYLVA		8/4 Area Code	_	-	Davi			S 2 S			
MO.		5		≥ "			1		Day	une l	eichi	WHE MUITH	JEI		
Part II- If this is a report of a Candid I swear (or affirm) that to the best of	ate's Authorized	Contrait	ee, cand	iidäte sh	all sign h	ere.	lated an	nrovicio	ns of +	he Act	t of h	ne 2 1027	/(PI 12	33 N/C	3201 20
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Done W	<u>#</u>	- - -	1,5	5, 2019 OF ADT	<u>Tir</u>	(mothy D. So	onney	nature of (ate					
Signature At Commission purious / 1 - 2 -	19	PENNSYLVANI	Public omity	1	81	14		Printed N	ame 360-12	267					
My Commission expires 4.5 MO.	DAY YR.	H OF PE	Notary Public Erie County	SSOCIATION	_,	Area Code	_	-	Dayt	ime Te	elepho	one Numb	er		
		ARIV	Allt. R	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer: Identification Number			
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1.Unitemized Contributions and Receipts-\$50.0	00 or Less per Contributor	ŽĒ.		The transfer of the contract o
	Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			34	
Contributions Received from Political Committe	es (Part A)		\$	
All Other Contributions (Part B)			\$	
	Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part Can	d Part D)	ASSESSED TO SERVICE AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PER		
Contributions Received from Political Committe	es (Part C)		\$	
All Other Contributions (Part D)			\$	
	Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Re	eturned Checks, ETC. (From Part E		720 720 81	
	Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts duri enter amount totals from Boxes 1, 2, 3 and 4; al. Cover Page, Item B)	ing this reporting period (Add and iso enter this amount on Page 1, R	eport	\$	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification	Number				
					Amount
Full Name of Cor	itributing			Date [MM/DD/YYYY] * \$	X Name
Committee i					
House #	Street Address			Date [MM/DD/YYYY] S	100 100 100 100 100 100 100 100 100 100
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City	No. of No. of States	State	Zip Code	Date [MM/DD/YYYY] \$	
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Committee					
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City		State	Zip Code	Date [MM/DD/YYYY] S	C Lid Source T C Tan T C Ta
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Full Name of Cor	ntributing 1	,		Date [MM/DD/YYYY] S	No.
Committee					
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City		State	Zip Code	Date [MM/DD/YYYY] \$	E 500000
faller ought at				#20 #20 #20 #20	(1) (1) (2)

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

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20					
Clty		State	Zip Gode	Date [MM/DD/YYYY]	\$
Full Name of Cont	Fibutor		The second secon	Date [MM/DD/YY///	
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City.		State .	Zipreode	Mode [Inim/200/ First]	3
Full Name of Con	tributor	Tata, Vandada Janaanaa		Date (MM/DD/YYAY)	\$
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House#	Street Address			Date [MM/DD/YYXX]	(3,5)
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City		State	Zip Code	Date [MM/DD/YYYY]	
- i					
Full Name of Cont	tributor?			Date [MM/DD/YYYY]	\$
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House#	Street Address			Date [MM/DD/YYYY]	\$2
			•		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		X1.6		W. A. A.	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

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Full Name of			Date [MM/DD/XXXX]	E\$ 2
Contributing Committee			Date hamilpolyment	
Contributing Contribution				
House# Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip:Code =	Date [MM/DD/YYYY]	25
		Table Hall Service Co.		and story
Full Name of			Date [MM/DD/YYYY]	XXXXX
Contributing Committee			Difference of the control of the con	1.75
				- 200 - 201
House # Street Address			Date [MM/DD/YYYY]	5 2
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City -	State	Zip Code	Date [MM/DD/YYYY]	\$
	推			
Full Name of	1730 (Zala) (Status)		Date [MM/DD/YYYY]	
Contributing Committee			angre lianalana (area)	ets: Tab
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City	-State:	Zip Code	Date [MM/DD/YYYY]	\$
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Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee			T j	
House # Street Address			Date [MM/DD/YYYY]	
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City,	State	Zip Code	Date [MM/DD/YYYY]	
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Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee			The second secon	
House # Street Address			Date [MM/DD/YYYY]	Ś
				<u> </u>
Gity	State	Zip Code	Date [MM/DD/YYYY]	\$

Full Name of	2.3.5	ÿ vi		
Euil Name of Contributing Committee			Date livini/DD/19 PT	\$
Contributing Constitutes				
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Gity	efet2	Zip Code =	- Date [MM/DD/YYYY]	3 5
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PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:		
Full Name of Contributor		-Date [MM/DD/YYYY] \$
House # Street Address	SS. Street very manufacture records.	Date [MM/DD/YYYY] \$
City State Employer Name	Zip Gode	Date [MM/DD/YYYY] » \$ Occupation
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House #: Street Address	1994 Telegraphic transformation Association	Date [MM/DD/YY/Y/] \$
City State Employer Name	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address /. Principal Place of Business		Section 19 Control of the Control of
Full Name of Contributor:		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City: State Employer:Name	Zip Code	Date [MM/DD/YYYY] \$ Occupation
Employer Mailing Address // Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House:# Street Address		Date [MM/DD/YYYY] \$
City		Date [MM/DD/YYYY] .\$
Employer Name Employer Mailing Address / Principal Place of Business		Occupation

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

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Full Name				
House##	Street Address	7,4	and the second of the second o	17.7 <u>.</u>
Gity	The state of the s	State	Zip. Code	Date [MM/DD/YYYY] \$
Receipt Description				The Control of the Co
Full Name				
House #	Street Address			
City		State	Zip. Code	Date [MM/DD/YYYY] \$
Receipt Description	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Full Name		··		
House #	Street Address			
City was a second		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Committee of the second	and the state of t
Full Name				
House #	Street Address			
City	+Nu	State	Zip Code	Date:[MM/DD/YYYY] \$
Receipt: Description		The state of the s	Millione to the transfer of the second	以
Full Name				
House#	Street Address			
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Receipt Description:			MACA STANDARD STANDAR	
Full Name				
House #	Street Address			
City		State	Zip Code .x.	Date [MM/DD/YYYY] \$
Receipt Description				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer identification Number:				
1. UNITEMIZED IN-KIND CON	TRIBUTIONS RECEIVED-VA	LUE OF \$50,00 OR LESS PE	R CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN KIND CONTRIBUTIONS:R	FEELVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART	F) (1.1)	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RE	CEIVED-VALUE OVER \$25	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBU PERIOD (Add and enter amount total on Page 1, Report Cover Page, Item F	s from boxes 1, 2, and 3; a			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Full Name of Contributor:		<u> Date l</u>	MM/DD/YYYY) \$
erio Mercia della si raccio di			
House # Street Addr.	ass.	<u> Dates</u>	MM/DD/YYYY] \$
	State Zij	p.Code Date	MM/DD/YYYY] \$
Gity	State: (A)	p.Code	MM/AA/VOOLIT
Description of Contribution	### ###		(25 公本)
Full Name of Contributor		pare	MM/DD/YYYY) \$2
Edition of Contractor			
House # Street Addre	255	Date [MM/DD/YYYY] \$
GIV	100 AS V	p Gode Date [MM/DD/YYYY) \$
Description of Contribution		<u> </u>	
Full Name of Contributor		**************************************	MM/DD/YYYY] \$
House # Street Addre	÷55	iiDate(MM/DD/YYYY) =\$
City		p Code Date (MM/DD/WYY]
Description of Contribution	A. B.		
Full Name of Contributor		- Date; l	MM/DD/\\\\\\ =\\$.
House# Street Addr	ess	Date	MM/DD/YYYY) \$
City	State	p.Code Date [MM/DD/YYYY] \$

Zip Code

Full Name of Contributor

Description of Contribution

House #

City

Street Address

State

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY]

\$

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification Number:			
Full Name of Contributor	Đ	ate [MM/DD/YYYY] \$	

Full Name of Contributor		Date [MM/DD/XYYY] 5
House # Street Address		Date [MM/DD/YYYY] \$
Ciry	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/\\\\\\]
City	State Zip Code	Date [MM/DD/YYYY] 5
Employer Name	POST Community bonds date 1	Occupation
Employer Mailing Address:/Principal Place of Business		Description of Contribution
	Mayor	12 PRINCE (1997)
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
House # Street Address City	State Zip Code.	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City Employer Name		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of:
House # Street Address City Employer Name Employer Mailing Address / Principal Ti Place of Business Full Name of Contributor House #, Street Address		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address Gity		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of: Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
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Statement of Expenditures

Filer Identification Number:		
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To Whom Paid			Date [MM/DD/YYYY] \$	
Facebook			05/13/2017	
House # 1 Street Address 1	Hacker Wav		Description of Expenditure	
City	State	Z/p/		
City Menlo Park	CA	Gode 94025	advertising	
To Whom Paid Facebook			Date [MM/DD/YYYY] \$ 234	
- 100 P			05/15/2017	
House# 1 Street Address	Hacker Way		Description of Expenditure	
City Menlo Park	State	7ip 94025	advertising	
To Whom Paid			Date [MM/DD/XYYY] \$	
House # Street Address	<u> </u>		Description of Expenditure	
Gliv.	State	2 (p)		$z = \frac{1}{2} (\frac{1}{2}, \frac{1}{2}, \frac{1}{2})$
		Code		
To Whom Paid		,	Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City.	State	Zip Code		
To Whom Pald			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City	State	Zip Code		
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House # Street Address			Description of Expenditure	
City	State	Zip. Code		N
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City	State	Zip Code		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer identification Number:

The spanning of the same of th		
Name of Creditor		Outstanding Balance of Debt :
House#	Street Address DATE DEBT INCURRED	
î = <u>- î</u> ,	[MM/DD/YYYY]	
City	State Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House#	Street Address DATE DEBTINCURRED	- \$
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272		
City		
Description of Debt	Gode	A CONTRACTOR OF THE CONTRACTOR
Name of Creditor		Outstanding Balance of Debt
House#	Street Address DATE DEBT INCURRED	\$
	[MM/DD/YYYY]	
City		
	State Zip Code	
Description of Debt		E-AAA
	7-20-4 10-20-2	
Name of Creditor		Outstanding Balance of Debt :
Name of Creditor House #	Street Address DATE DEBT INCURRED	Outstanding Balance of Debt .
House #	Street Address DATE DEBT INCURRED [MM/DD/YYYY]	
	Street Address [MM/DD/YYYY] State Zip	
House #	Street Address DATE DEBT INCURRED [MM/DD/YYYY]	
House#	Street Address [MM/DD/YYYY] State Zip	
House#	Street Address [MM/DD/YYYY] State Zip	
House # City Description of Debt	Street Address DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code	Outstanding Balarice of Debt
House # City Description of Debt	Street Address [MM/DD/YYYY] State Zip	
House # City Description of Debt Name of Creditor House #	Street Address DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code Code Street Address DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balarice of Debt
House # City Description of Debt Name of Creditor House #	Street Address DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code Code Street Address DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
House # City Description of Debt Name of Creditor House # City	Street Address State Zip Code	Outstanding Balance of Debt
House # City Description of Debt Name of Creditor House #	Street Address State Zip Code	Outstanding Balance of Debt
House # City Description of Debt Name of Creditor House # City Description of Debt	Street Address State Street Address State Street Address DATE DEBT INCURRED Code Code Street Address DATE DEBT INCURRED [MINI/DD/YYYY] State Zip Gode	Outstanding Balance of Debt
House # City Name of Creditor House # City: Description of Debt.	Street Address State State Zip Code State Zip Code State Zip Code State Zip Code	Outstanding Balance of Debt S Outstanding Balance of Debt
House # City Description of Debt Name of Creditor House # City Description of Debt Name of Creditor House #	Street Address State Zip Code	Outstanding Balance of Debt
House # City Name of Creditor House # City: Description of Debt.	Street Address State State Zip Code State Zip Code State Zip Code State Zip Code	Outstanding Balance of Debt S Outstanding Balance of Debt
House # City Description of Debt Name of Creditor House # City Description of Debt Name of Creditor House #	Street Address State Zip Code	Outstanding Balance of Debt S Outstanding Balance of Debt
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House # City Description of Debt Name of Creditor House # City Description of Debt Name of Creditor House #	Street Address Street Address Street Address Street Address DATE DEBT INCURRED [MM/DD/YYYY] State Street Address DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code Street Address Street Address DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code	Outstanding Balance of Debt S Outstanding Balance of Debt

PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed legibly in blue or black ink.

INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

filer Identification Number - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination petitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

Report Filed By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code · Please enter appropriate name and artificess.

Type of Report - Please place an "X" by the applicable report type.

Amoudment Report - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

Termination Report - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Method - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a candidate or candidate's committee, indicate office sought.

Date of Election - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

District Number - If filed by a candidate or candidate's committee, indicate district in which candidate is sesking office.

Office Code, Party Code and County Code - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Other Offices.

Summary of Receipts and Expenditures - Enter the appropriate dates of the reporting period covered.

Amount Brought Forward From Last Report (Item A) - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

Items B through G - See detailed instructions on each corresponding schedule.

Affidavit Section - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

Page Number - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

Reports filled on Diskette: The cover page must accompany all fillings, including diskette fillings. Diskette fillings must also meet the technical specifications of the Department. These specifications are available at www.dos.state.pa.us or by contacting the Bureau.

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page - provides a summary of all monetary contributions and receipts during the reporting period.

Item 1: Unitemized Contributions and Receipts represents the total amount of contributions and receipts of \$50.00 or less in the aggregate *per contributor* received during the reporting period. Items 2, 3 and 4: Enter the total for each section from the corresponding schedules in the report (Part A, Part B, Part C, Part D and Part E).

Enter the total from Schedule I on the Report Cover Page, Item B.

Definition of Contribution: Any payment, gift, subscription, assessment, contract, payment for services, dues, loan, forbearance, advance or deposit of money or any valuable thing, to a candidate or political committee made for the purpose of influencing any election in this Commonwealth or for paying debts incurred by or for a candidate or committee before or after any election. "Contribution" shall also include the purchase of tickets for events such as dinners, luncheons, rallies and other fund-raising events; the granting of discounts or rebates by television and radio stations and newspapers not extended on an equal basis to all candidates for the same office; and any payments provided for the benefit of any candidate, including any payments for the services of any person serving as an agent of a candidate or committee by a person other than the candidate or committee or a person whose expenditures the candidate or committee must report under the act. The word "contribution" includes any receipt or use of anything of value received by a political committee from another political committee and also includes any return on investments by a political committee. (See 25 P.S. §3241)

Instructions for Reporting Contributions

The aggregate total of contributions from an individual contributor within a reporting period determines which part of the report form should be used to disclose a contribution or receipt. The form is designed to list the dates and amounts of as many as three separate contributions from the same source in one line item.

Contributions and receipts of \$50 or less, per contributor, during the reporting period, need not be itemized on the report. The total amount of all unitemized contributions should appear on Schedule I, Contributions and Receipts Detailed Summary Page, Line 1. A record must be kept of the receipt dates of contributions and the names and addresses of each person from whom a contribution of over \$10 has been received.

Contributions and receipts over \$50 to \$250 - report the name of the contributor, mailing address, amount and date received on Schedule I, Part A, "Contributions Received from Political Committees," or Part 8 "All Other Contributions."

Contributions and receipts over \$250 - report the name of the contributor, mailing address, occupation, employer's name and address, amount and date received on Schedule I, Part C, "Contributions Received from Political Committees," or Part D, "All Other Contributions."

Receipts - Use Part E, "Other Receipts" to report all other monetary receipts or income; e.g. refunds received, interest income, returned checks and prior expenditures that were returned to the filer during the reporting period.

Address - In all Parts, a complete address, including zip code, must be provided. Space is provided for the Zip Code Plus Four. The State block should be completed with the U.S. Postal Service's standard two-letter abbreviation, such as PA for Pennsylvania.

Date - all date blocks in the report must be completed with eight digits. For instance, March 24, 2000 would appear as 03 24 2000.

Total - of each Part should be transferred to the appropriate section on the Schedule I, "Contributions and Receipts Detailed Summary Page" (Page 2 of the report form).

Occupation and Employer - Part D, which tists individuals who have contributed over \$250, also requires the occupation and name and address of the employer of the contributor. Report the principal place of business of any contributor who is self-employed.

SCHEDULE II

IN-KIND CONTRIBUTIONS RECEIVED

Detailed Summary Page - provides a summary of all in-kind contributions and valuable things received during the reporting period.

Item 1: Unitemized In-Kind Contributions Received represents the total value of In-kind contributions of \$50.00 or less, in the aggregate per contributor, received during the reporting period.

Items 2 and 3: Enter the total for each section from the corresponding schedules in the report (Part F and Part G).

Enter the page total on Page 1, Report Cover Page, Item F.

Part F and Part G - Use these Parts to itemize in-kind contributions from Individuals or political committees according to the dollar value of the contribution. The form is designed to list the dates and amounts of as many as three separate in-kind contributions from the same source in one line item. The amount is equal to the current market value of the item or service contributed.

Totals of Parts F and G should be transferred to the appropriate section on the Schedule II Detailed Summary Page.

SCHEDULE III

EXPENDITURES

Definition of Expenditure: The payment, distribution, loan or advancement of money or any valuable thing by a candidate, political committee or other person for the purpose of influencing the outcome of an election; the payment, distribution, loan, advance or transfer of money or other valuable thing between or among political committees; the providing of a service or other valuable thing for the purpose of influencing the outcome of a nomination or election of any person to any public office to be voted for in this Commonwealth; or the payment or providing of money or other valuable thing by any person other than a candidate or political committee, to compensate any person for services rendered to a candidate or political committee. (See 25 P.S. §3241)

Instructions for Reporting Expenditures

Pursuant to state law, the Statement of Expenditures requires the filer to report the purposes for which funds were expended, the name and address of the entity to whom the expenditure was made, and the amount and date of each expenditure.

Vouchers for all expenditures over \$25.00 must be retained by the candidate or committee treasurer and shall be available for public inspection or copying. Filers are not required to submit vouchers with reports; however, vouchers must be retained for a period of three years.

Transactions between a candidate and his/her committee should be recorded on both the candidate's and committee's reports. For example, if a candidate contributes to or loans the committee money, the amount should appear on the candidate's report as an expenditure and on the committee's report as a receipt. A loan must also be reported by the recipient on the Statement of Unpaid Debts (Schedule IV).

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

All unpaid debts and obligations which are outstanding at the end of the reporting period must be reported. If a debt is incurred in one reporting period and not repaid, every report filed must continue to show the outstanding debt, even though there was no activity during the current reporting period.

A debt owed to an individual may be forgiven. A copy of the letter of forgiveness from the individual to the committee must accompany the report filed by the committee in the reporting period in which the debt was forgiven. A debt that is forgiven is considered a contribution to the committee. Such contributions from corporations or unincorporated associations are prohibited by the Election Code.

REPORT FILING DEADLINES

Sixth Tuesday Pre-Election - Reporting period closes 50 days prior to election day. Filed only by candidates for Statewide office and political committees/lobbylists supporting such candidates.

Second Friday Pre-Election - Reporting period closes 15 days prior to election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Thirty Day Post-Election - Reporting period closes 20 days after election day. File 30 days after election day. Filed by all candidates for nomination or election and political committees/lobbylists supporting such candidates.

Annual Report - Reporting period closes December 31. File by January 31 of the year following the reporting period. Filed by all candidates for nomination or election, political committees and contributing lobbyists.

Political committees required to file pre-election reports must also file post-election reports.

Postmarks - are acceptable as proof of timely filing where report is sent by first class mail and postmarked by the U.S. Postal Service no later than the day prior to the filing deadline.

Late filling fee - A late filling fee of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and holidays) that the report is overdue, plus an additional fee of \$10.00 for the first six days that a report is overdue will be assessed.

では関い整理に関いている。1985年後の複数度は、利用機の構造しは実際機関的ははない。 2008年(2008年)に対して、2008年に、2008年に、2008年には対して、2008年には、2008年には、2008年により

County Code Table:

						Pi
01	Adams	24	Elk	47	Montour	R
02	Allegheny	25	Erle	48		D
03	Armstrong	26	Fayette	49		C
04	Beaver	27		. 47	Perry	LI
05	Bedford	28	Forest	51		R
06	Berks	29	Fulton	52	- 1000000000000000000000000000000000000	O.
07	Blair	30	Greene		Potter	0
08	Bradford	31	Huntingdon	54		Of
09	8ucks	32		55	Snyder	OI:
10	Butler	33	Jefferson	56		GO
11	Cambria	34	Juniata	57	Sullivan	LTI
1.2	Cameron	35	Lackavvanna	58	Susquehanna	AT
13	Carbon	36	Lancaster	59	Tioga	AU
14	Centre	37	Lawrence		Union	TRI
15	Chester	38	Lebanon	61	Venango	SPI
16	Clarion	39	Lehigh	62	Warren	SPI
17	Clearlield	40	Luzerne	63	Washington	ari CC.
18	Clinton	41	Lycoming	64	Wayne	STS
19	Columbia	42	McKean	65	Westmoreland	STE
20	Crawford	43	Mercer		Wyoming	311
21	Cumberland	44	Mifflin	67	York	CPJ
22	Dauphin	45	Monroe			
23	Delaware	46	Montgomery			MCJ
						TCJ
						OTH

Party Code Table:

REP	Republican Party
DEM	Democratic Party
CST	Constitutional Party
LIB	Libertarian Party
REF	Reform Party
OTH	Other

Offic	e Code Table:
GOV	Governor
LTG	Lieutenant Governor
ATT	Attorney General
AUD	Auditor General
THE	State Treasurer
SPM	Justice of the Supreme Court
SPR	Judge of the Superior Court
CCJ	Judge of the Commonwealth Court
STS	Senator in the General Assembly
STH	Representative in the General
	Assembly
CPJ	Judge of the Court of Common Pleas
MCJ	Judge of the Municipal Court
rc.i	Judge of the Traffic Court
HTC	Other (Candidates for local offices
	who file only with the County
	Board of Elections)